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RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	should be stated EXACTLY.
UNFADING INK-	carefully supplied. AGE that it may be proper feetificate.
WRITE PLAINLY, WITH	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shigh CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.

Very

15528STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. / [If death occurred in St.:...Ward) a hospital or Institution, give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 OMTE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO, (Day) (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 OATE OF BIRTH that I last saw h..... allve on (Year) (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, Ohrs. OR Omio. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration)yrs.....mes. which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country of death _____ yrs. mos. ... State yrs, ___ Where was disease contracted. If oot at place of death?-Former or (Interment) usual residence.... 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

PLACE OF DEATH 1992A	STATE OF MARYLAND
County I arford	CERTIFICATE OF DEATH
County	Registered No. 184
110h 1201-1	
Village or City (No	St; Ward) [It death occurred i
. 11:61.	give its NAME lostea
FULL NAME William Ban	ef streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR, OR RACE 5 SINGLE,	16 DATE OF DEATH 2 2 2 2 2 2
Orale List MARRIED, Kingle WIDOWED, Kingle	(Month) (Day) (Year)
Mall While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	July 1913, to nov 2nd 1913
Muy 181.	- Not soll
(Month) (Day) (Year	
7 AGE	and that death occurred on the date stated above, at
/ vrs. 3 mos. / ds. ormin.	I INC GAUSE OF DEATH'S Was as follows:
6 OCCUPATION	- Hydrocephalus.
(a) Trade, protession, or	Carlo Charles A toll for your
particular kind of work	- S CV
business, or establishment in	(Doration) yrs, mos cs
which employed (or employer)	
9 BIRTHPLACE (State or country) Md.	(Secondary)
10 NAME OF 01-01-41	(Duration) mos ds.
FATHER Plu Banen.	(Signed), M. D.
11 BIRTHPLACE	Nov 300, 1913 (Address) Cardell Md
OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PLEASE LANGE	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Person Jours	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
Interment, Reserved Garrett	Former or
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	usoal residence
(Address) Whiteful you	19 PHACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State trage Gents Mer 4 1913.
FIRED MOUL , 1913 Jas WM Mable	20 UNDERTAKER ADDRESS
Lepuly REGISTRAR	Swyfolden Della Va
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

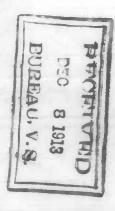
[Approved by U. S. Census and American Public Health
Association.]

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additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful. Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potagned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrrural scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

PLACE OF DEATH 19930	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH Registered No. 18.3
Village or City Near Coop town (No. 9)	St; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Demale White Single, MARNIED, Single Widdler, Single Widdler, Single Widdler, Single Widdler, Single Write the word) B DATE OF BIRTH September 28, 1902 (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Feb-18 , 1918 , to Noble , 1913 , that I last saw here alive on Noble , 1913 .
TAGE // yrs. / mos. /8 / ds. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work School Surl 1 tESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 1.m., The CAUSE OF DEATH* was as follows: Diabetes Mellitus
(b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country) Hardon & lon MA	(Ouration) yrs. 9 mos. ds. Gontributory (Secondary)
OF STATER Harry & Bay 11 BIRTHPLACE OF FATHER (State or country) Harford loo Ma 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) F. Bradley M. D. (Signed) F. Bradley M. D. OWO 16 , 1913 (Address) Gatretteville Md. *State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Battimore Leo Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mes, ds, State yrs, mes, ds.
(Informant) Franklin Fearce (Address) RFD Sharron Md	Where was disease contracted, if not at place of death? Former or usual residence
Filed NOO /7.1913 All hillife REGISTRAR	Battist learnetry near for 18 1913. 20 UNDERTAKER ADDRESS 6 1 Kurb 4 Don Jarrettaville Ad
If more blanks are needed address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

15530

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g. dent; Revalver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral septicharetc., when a definite disease can be ascertained as the inus," "Old Age." "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senile." etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncoplasms) : Measles; Whooping cough: Chronio oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for maile-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples: For vio-



BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.

RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s terms, DEATH in plain Important.

PHYSICIANS should state of OCCUPATION Is very See instructions on back 1 PLACE OF DEATH

15531

CERTIFICATE OF DEATH

Registration Dist. No

STATE OF MARYLAND

St.;....Ward)

[If death occurred in

PERSONAL AND STATISTICAL PARTICULARS 3 SEX *COLOR OR RACE BARRIED, WIDOWS OF MINISTRATION OF CONTROL OF MINISTRATION OF CONTROL OF MINISTRATION OF CONTROL OF MINISTRATION OF CONTROL OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTHE		FULL NAME James P Beall	give its NAME instead of street and number.}	đ
MALL White Control of the series of the seri	-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
TAGE ONAME (Month) (Day (Year) TAGE If LESS than 1 day, hrs. that last saw have alive on flot 5 (1913) That last saw have alive on flot 5 (1913) that last saw have alive on flot 5 (1913) and that death occurred on the date stated above, at. 3 m. The CAUSE OF DEATH+ was as follows: ONAME OF PATHER AND THE BEST OF MY KNOWLEDGE (Informant) Address) PRINTIPLACE (Informant) Address) ONAME OF MOTHER (Address) ADDRESS The CAUSE OF BURIAL OR REMOVAL PATE OF BURIAL AND IN BURIST (Institutions) PRINTIPLACE (Informant) (Informant) Address) ADDRESS The CAUSE OF BURIAL OR REMOVAL PATE OF BURIAL AND IN BURIST (Institutions) PATE OF BURIAL AND IN BURIST (Institutions) PATE OF BURIAL AND IN BURIST (Institutions) PATE OF BURIAL AND IN BURIAL PATE OF BURIAL AND IN BURIST (Institutions) PATE OF BURIST (Institutions) PATE OF BURIST (Institutions) PATE OF BURIST (Institutions) PATE OF BURIST (Institutions) PA	35	MARRIED, browned	(Month) (Day (Year)	_
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 ISINTHPLACE OF FATHER OF MOTHER 12 MADDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MADDEN NAME OF MOTHER 15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 CAUSE OF BURIAL OR REMOVAL 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) (Address) 15 PLACE OF BURIAL OR REMOVAL 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) (Address) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 16 Filed As 1 1913 Island As As 1912 As 1913 As 1913 As 1914 As 1915 As 1915 As 1915 As 1914 As 1915 As 1914 As 1915 As 1916 A		(Month) (Day (Year)	Slept 24, 1913, to date, 1919	m 3. 3.
(Signed) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) 15 FILED TO THE BEST OF MY KNOWLEDGE (Address) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) (Informant) 15 FILED TO THE BEST OF MY KNOWLEDGE (Address) (Informant) 16 FILED TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) 16 FILED TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) 17 FILED TO THE BEST OF MY KNOWLEDGE (Informant) (Informa	7 A	7/ & (5 1 day,hrs.	The CAUSE OF DEATH * was as follows:	m,
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed Mar 16 State or country) 16 Signed) (Signed) (Signed	(a pa (b) bus) Trade, profession, or ricular kind of work	Heart Exhaustron	
(Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Address)		IRTHPLACE 11 BANDON to be de	GontributorySecondary	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (2) whether Accidental and the cause of Injury; and (3) whether Accidental and the cause of Injury; and (3) whether Accidental and (3)	-	11 BIRTHPLACE	(Signed) J. Eller, M.	D.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) 15 Filed Max 1 1913 I Lagran Down 10 RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS 20 UNDERTAKER ADDRESS	AR	12 MAIDEN NAME	TRE, SOUCIDAL, OF HOMICIDAL.	
(Informant) State If not at place of death? Former or usual residence. 15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS		(State or country)	At place in the of death yrs mos ds. State yrs mos d	
Files Mr // 1913 / Edgar Doar 20 UNDERTAKER ADDRESS .		Allest of Beall.	If not at place of death? Former or usual residence.	2-0-0p
REGISTRAR 11 A WITTE VALUE VAL		es Ar 11 1913 J. Edgar Door	20 UNDERTAKER ADDRESS ,	5

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Parm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (b)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligeause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Ileart failure," "Ilaemorrhage," "Iuanltion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) "Coutributory." scpsis, tetanus) Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify, as Bronehopneumonia. (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1913



PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. Exact classified. pe should properly AGE supplied. pe may certificate. that 80 50 WITH pe back terms. should 0 plain Instructions Information _ DEATH WRITE jo P mportant. CAUSE

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15532

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St: Ward)

[If death occurred in

a hospital or lostitution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at f day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Frade, profession, or parficular kind of work (b) General nature of industry, business, or establishment to which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. V OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State or country of death ____ yrs. ___ mos. ___ ds. State Where was disease contracted. If not at place of death? Former or osual residence. REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Caroin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For victhenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measies (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Never report



PHYSICIANS should atate DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT should be stated EXACTLY. AGE carefully supplied. See instructions on back of certificate. of information should be

S. No. 1.

CAUSE OF Important.

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15533 PLACE OF DEATH

Village or City

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

S	 W	ard	11	

[If death occurred in a hospital or institution,

	FULL NAME Dallie J. Ga	of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	enale White Single, wipower, orbivorcep (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw h silve on
TA	ge If LESS than 1 day,	and that desth occurred on the date stated above, stm, The CADSE OF DEATH* was as follower:
(b) bus wh	Trade, profession, or Vouse Wife ricular kind of work Oeneral nature of industry, siness, or establishment in ich empioyed (or employer) IRTHPLACE (State or country)	Contributory Alun Sclevace Secondary (Doration) 2 yrs mos ds.
ARENTS	10 NAME OF FATHER Franklin Colde v 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER O	(Signed)
14	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
15 FI	(Address) Sel Cer 101 Mrs J. 191 J. Calgar De onn BEGISTRAR	19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL 10 LOV. 391 20 UNDERTAKER 1 Seau Lou PATE OF BURIAL 10 PLACE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thns: Farmer (retired 6 yrs.) For persons dntles of the honsehold only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

lesis of lungs, meninges, peritonaeum, etc., pnenmonia"); Lobar pneumonia; Bronchopneumonia "Cronp";) brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic ccre-("Pneumonia," term for the same disease. Examples: Cerebrospinal time and cansation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever unqualified, is indefinite): Tubercu-(never report "Typhoid (avoid use of Carcin

> injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: oma, Sarcoma, etc., of..... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Sauford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185
Village or City Huore de Grace (No	St.; Ward) [If death occorred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWEO, WIDOWEO, WIDOWEO, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 LHEREBY CERTIFY, That I attended deceased from 1913. to 1913.
(Month) (Day) (Tear) 7 AGE 7 AGE 7 Wrs. mos. ds. ormin.?	that I last saw harmalive on Nov 7, 1913 and that death occurred on the date stated above, at 1/0, m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Buration) yrs mos ds. Contributory (Secondary) (Buration) yrs mos ds. (Signed) Address Address Address M. D. *State the Dismans Causing Dmath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residents At place of death yrs mos ds State yrs mos ds
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Have de Scace (Address) Filed Mor / 0, 191.3 The more blanks are moded address State Pout to	Where was disease contracted, if oot at place of death? Former or usual residence
ir more Dianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. Ne. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the despect to the same death of causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



PHYSICIANS should state of OCCUPATION is year RECORD Exact statement PERMANENT stated EXACTLY. properly classifled. UNFADING INK-THIS IS AGE See instructions on back of certificate. WRITE PLAINLY. WITH DEATH in plain Every item of information CAUSE OF DEATH in plain Important. m ż

1 PLACE OF DEATH

County

15535

STATE OF MARYLAND CERTIFICATE OF DEATH

		16d
Registration	Dist.	No. 183

St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME instead

	FULL NAME Kugu 6	elcotte of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	MARRIED,	16 DATE OF DEATH NOV 12 1913
21	Mala White ORDIVORCED	(Month) (Day (Year)
	(Write the word) MALE	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH Cuknown .	, 191, to 1
	(Month) (Day (Year)	that I last saw halive on
TA		and that death occurred on the date stated above, at
1	1 day,hrs.	The CAUSE OF DEATH* was as follows:
a	let, 24 yrs. mos ds. or min.?	Gunshot stowned, in the houses
	CCUPATION	Will Met the
	articular kind of work	of Pallias Motestia
) General nature of Industry,	
	siness, or establishment in	(Duration) yrs, mos ds.
	IRTHPLACE (State or country)	GontributorySecondary
-	10 NAME OF	(Duration) yrs mos ds.
	FATHER AM PALACIA	(Signed) Honny to Shipping. M. D.
S	11 BIRTHPLACE	l well -
NTS	OF FATHER (State or country)	, 191 (Address) Hause Mrace Ma
AREN		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally States of House Park States (2)
A	12 MAIDEN NAME OF MOTHER	TAB, SUICIDAB, OF HOMICIDAE.
٩	270,00000	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of Mother (State of country)	At place in the ot death yrs mos ds. State yrs mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	+ + & P.T.	If not at place of death?
	(Informant)	usual residence
_	(Address) Have de grace	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	n. 11= 0 H/ B. 200	20 UNDERTAKER ADDRESS
FI	led 102/3 1913 +) V, Day 12 V,	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 1. 00

[Approved by U. S. Census and American Public Health Association.]

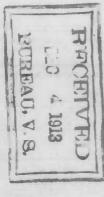
additional line is provided for the latter statement; applies to each and every person, irrespective of age. eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," cte., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unquallfied, is indefinite): Tuberculcis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Caumere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequeuces (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy." Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State eause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1918



No. 1. và

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement stated EXACTLY. should be AGE carefully supplied. See instructions on back of certificate. N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s. important.

1 PLACE OF DEATH

15536

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

It death occurred in a hospital or lostitution, give its NAME instead

	2FULL NAME CILLED A	Jones of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	Cle Blast Single, Married, Widowed ORDIVORCED (Write the word)	16 DATE OF DEATH MONTH 3 ,1913 (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I last saw h. alive on Wow 2 ,1913
7 A	GE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 12 mm. The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION 1) Trade, profession, or articular kind of work.	Person
bu:) General nature of Industry, siness, or establishment in sich employed (or employer)	(Duration) yrs. mos. ds.
9 8	(State or country) Hayford Co	Contributory Secondary
S	10 NAME OF JUNES DORSEY 11 BIRTHPLADE	(Signed) OFSC Williams, M. D. Mor 4, 1913 (Address) Jerry reau Wes
EN _	OFFATHER (State or country) Carford Co 12 MAIDEN NAME OF MOTHER (JURNOVA)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 .	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds Where was disease contracted,
	(Informant) Mr. Alex H. M. Corsey	It not at place of death?
1 5 FI	(Address) Myrran 1813 Orfor Stleeton REGISTRAR	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL Growley Hell Cernel how 7, 191. 3. 20 UNDERTAKER ADDRESS Howe de Fraise
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But iu many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin

ratvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from ctc., when a defiulte disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septiehac-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," ctc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report For vio-



V. S. No. 1.

PHYSICIANS shoul RECORD PERMANENT plai 2 DEAT ō OF Item Every It

1 PLACE OF DEATH STATE OF MARYLAND 15537 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. was as follows: OR ? BOCCUPATION (a) Trade, profession, or particolar kind of work (b) General nature of Industry. business, or establishment in which employed (or amployer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER jo back PARENTS . 1513.. (Address) 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSFITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _ .. yrs. mos. State _____ yrs, _ _ ds. Where was disease contracted. If not at place of death? Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inaultion," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meusles (disease causing deuth), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-

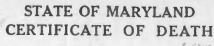


B. No. 1.

N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT d UNFADING INK-THIS IS WRITE PLAINLY, WITH

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PLACE O	F DEATH	15538
ty Ho	Auc	U
ge or City	Ther	elew (No



Registration Dist. No...

Ilt death occurred in

V	FULL NAME Patrick	St.; Ward) a hospital or institution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Hutt Sangle, Suigle (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last sauch
TAG	back 65 yrs. 0 mos. 0 ds. 11 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH was as follows:
(a) pai (b) busi	CCUPATION) Trade, profession, or ritcular kind of work Saboul (day) General nature of industry, liness, or establishment in leh employed (or employer)	by overturing of Ja laufe. (Ouration) Unfluence ds
9 B1	18 THPLACE tate or country) Italiana	Contributory (Secondary) (Deration) yrs mos os
NTS	11 BIRTHPLACE (State or country) Grands Gran	(Signed) AND SHAPE OF CAUSING DEATH, OF, IN deaths from VIOLENT
PARE	12 MAIDEN NAME Unknown	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERS
	13 BIRTHPLACE OF MOTHER (State or country) WKLOWN	At place of deathyrsmosds. Stateyrsmos,ds. Where was disease contracted,
	(Informant) James Suewden	If not at place of death? Former or usual residence
15	ed Nov/8, 191 3 REGISTRAR	Date of Burial OR REMOVAL New 19, 1913 20 UNDERTAKER Stury Tarring Address Abuden Ma
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekccpers additional line is provided for the latter statement; been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulstatement. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.). For persons Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puraperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railicay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpreal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the the head FOT VIOd8.



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of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very PERMANENT INK-THIS IS UNFADING See instructions on back of certificate. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms. s WRITE Important. m.

PLACE OF DEATH 15539

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No./

St.;....Ward)

[If death occurred in a hospital or institution,

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, COMPONENCES (Write the word) 16 DATE OF DEATH 75 6 76 (Month) (Day) 17 I HEREBY CERTIFY, That I attended dece	(Year)
6 DATE OF BIRTH Sear 1844	, 191
TAGE If LESS than 1 day,hrs. ORmin.? The GAUSE OF DEATH* was as follows:	m
(a) Trade, protession, or particular kind of work (b) Trade, protession, or particular kind of work (c) Trade, protession, or particular kind of work	inte.
(b) General nature of industry, business, or establishment in which employed (or employer)	ads .
BIRTHPLACE (State or country) Harvally Ind (Secondary) 10 NAME OF FATHER Lovey Grater (Signed) Charles (Signed)	sds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER 13 1.3. (Address) CAUSIS, 191.3. (Address) State the DISEASE CAUSING DEATH, or, in deaths from CAUSIS, state (1) MEANS OF INJURY; and (2) whether atl, SUICIDAL, or HOMICIDAL.	ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) A July 10 A 10 10	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Where was disease contracted, if not at place of death? Former or usual residence.	
(Address). 18 PLACE OF BURIAL OR REMOVAL DATE OF BUR 18 PLACE OF BURIAL OR REMOVAL DATE OF BUR 18 PLACE OF BURIAL OR REMOVAL ADDRESS REGISTRAR REGISTRAR 19 PLACE OF BURIAL OR REMOVAL ADDRESS PROBLEM 18 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	, 1913

Seehn & Aunsen Koch

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Physician, Compositor, Architect, Locomotive engineer Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERPERAL schiichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. cause of death approved by Committee on Nomencl "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) is icss definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can Examples:





S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 15540 County Low Low County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 185 St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hale Single, Married, Married, Married, Wildowston, Wildowston, Wildowston, Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw him allye on or 25 th, 1913.
7 AGE (16ar) (16ar)	and that death occurred on the date stated above, at
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Freo Mister Colox in (Duration) Xyrs
SBIRTHPLACE (State or country) Harford Ce	Secondary (Duration) - yrs / mos ds
10 NAME OF FATHER Milmer Hopking 11 BIRTHPLACE	(Signed) Jep Stering, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs,
(Informant) Mrs Geo, N. Hoffens	Where was disease contracted, If not at piace of death? Former or usual residence
Filed Mor 4 1913 J. H. Buy W.D.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Manneny Curveter 1913. 20 UNDERTAKER, ADDRESS
REGISTRAR	KI unudon ka Carredita

If more blanks are needed, address State Registrate 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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SICIANS should occupation is Registered No. fif death occurred in PHYSICIANSWard) a hospital or institution, RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statemen PERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR'OR RACE MARRIED. 191.0 WIDOWED, QUION (Day) (Month) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 01-(Month) (Day) · (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly 6 OCCUPATION (a) Trade, protession, or particular kind of work. supplied. (b) General nature of Industry, business, or establishment in DING (Doration) may which employed (or employer) -----Contributory certificate. BIRTHPLACE (Secondary) (State or country) UNFA that Œ 10 NAME OF FATHER (Signed)..... ō ARGIN S terms, n back 11 BIRTHPLACE (Address) OF FATHER (State or country) should AREN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 11 11 Information OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place In the OF MOTHER of death yrs. mos. State yrs, ____ mos. ds. EATH (State or country Where was disease contracted. OF MY KNOWLEDGE If not at piece of death?of 9 Former or OF Item usual residence. CAUSE OF Important. 19 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL enily 15 191...3 20 UNDERTAKER ADDRESS 0 REGISTRAR

heeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

15541

PLACE OF DEATH

If more blanks are

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[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum,

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpreal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg-"Contributory." Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... Bronehopneumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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RECORD PERMANENT V UNFADING INK-THIS IS WRITE PLAINLY, WITH

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p certificate. See instructions on back of important. N. B.

15542 PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or City (No. (No.)	St.; Ward) [If death occurred a hospital or Institution give its NAME loster of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day) (1ear)
Month) (Day) (Year)	that I last saw h 41 allye on 24 , 1913
7 AGE 6 7 yrs. 5 mos. 13 ds. 1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	fatty digruriation of West (Duration) / yrs. mos. ds
9 BIRTHPLACE (State or country) Mary lawel 10 NAME OF FATHER Servel 2 Beldwin	(Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address)
(State or country) OF FATHER (State or country) Mary lowel 12 MAIDEN NAME OF MOTHER Fluxes Plux 13 BIRTHPLACE OF MOTHER (State or country) Mery lowel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) Mrs. M. Sullians, (Address) Mrs. L. Cranin Filed Mov. 26, 1913. C. Cranin REGISTRAR	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Caluary ME Center Nov 27, 1915 20 UNDERTAKER Howard (McComa Abers)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative acalthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vicmia," "PUEEPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Never report



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CSICIANS should state occupaTION is very PHYSICIANS 2 FULL NAME of PARTICULARS PERSONAL AND statement PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) Exact 6 DATE OF BIRTH stated classified. 4 (Month) (Day) pe 7 AGE should properly BOCCUPATION AGE (a) Trade, protession, or particular kind of work. carefully supplied. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 jo pe back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) information should 6 12 MAIDEN NAME of information si OF MOTHER instructions 0 13 BIRTHPLACE of MOTHER (State or country) WRITE 14 THE ABOVE IS TRUE TO THE BEST (Informant) -Every Item CAUSE OF Important. (Address) 15 root

STA	ATE OF MAR	YLAND	
CERT	IFICATE OF	DEAT	Н
			0_
R. Barrey	Registration Dist.	No.	0
2/10/19	St.;Ward)	a hospital give its	th occurred is or institution NAME instead and number.]
MEDICAL	CERTIFICATE OF	DEATH	
DATE OF DEATH	Amor	211	-
		250	, 1913
	(Month)	(Day)	(Year)
I HEREBY	CERTIFY, That I at	tended dec	eased from
, 19	l, to		191
cause of death* ued in a attr rilefray, w Belegin	was as follows: ack by Con while a fr road	vuls 1- wo	ions
	(Duration)	yrsm	osds.
Contributory (Secondary)			osds.
ed) Cyms	16. Oron	im C	orone
100-20, 1913 (A	ddress) Seur	ell ,	us
*State the DISEASE CA AUSES, state (1) MEAN AL, SUICIDAL, OF HOMIC	USING DEATH, or In	deaths from	VIOLEND
LENGTH OF RESIDENCE OF RECENT RESIDENTS) lace eath yrs mos. re was disease contracted,	In the	STITUTIONS,	

*State CAUSES, TAL, SUI

	OR RECENT RESIDENTS		NSTITUTIONS, TRANSIEN	TE
1	At place	In the		
i	ot death yrs mos	ds. State	yrs mos.	ds

Where was d

It not at place of death?

usual residence

16 DATE

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The CAUS

(Signed)

17

(Year)

if LESS than

1 day, hrs.

BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

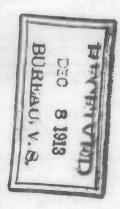
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaitbfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation bas For persons "Foreman," 9

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); ("Pneumonia," unqualified, is indefinite); Tubercubrospinal fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fover (never Lobar pneumonia; Bronchopneumonia report "Typhoid "Epidemic cere-(avoid use Carcin-

> cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. nant ncopiasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can The nature of the death), 29 ds.: "Exhaustion, Never report Examples: For vio-



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SICIANS should OCCUPATION IS

PLACE OF DEATH 15544 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 191 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 daybrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) / Taurs ou ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ... State _____ yrs. ____ mos. Where was disease contracted. LEDGE If not at place of death?. usuat residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease eausing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH 15545

County Hayord

Village or City Bell and A

STATE O CERTIFICA

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 80

.St.;....Ward)

[if death occurred in a hospital or lostitution, give its NAME instead of street and number.]

2 FULL NAME OF OWNES W. M.	W. Su of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Named WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH OLD (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Oct. 29th, 1913, to Nov. 8th, 1913, that I last saw his alive on Nov. 8th, 1913
7 AGE 1 LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Duration)yrsmos./ O. ds.
which employed (or employer) BIRTHPLACE (State or country) Harfveld bo Sad	Contributory Chronic endocardition, with Secondary, dilates heart. (Duration) unknown dis
OF FATHER STATE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) a. 7. Vau 15 bb. M. D. Nov. 92, 1913 (Address) Belair, Ild
12 MAIDEN NAME OF MOTHER LESSON WHITE 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) Allon medicine	Where was disease contracted, If not at place of death? Former or usuai residence.
(Address) Bel an Sur. 15 Filed Law 10, 1913 J. Edgan Dean	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLANNEL LINE LINE 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, pcritonaeum, etc., Carcin-

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Instructions information

RECORD

STATE OF MARYLAND PLACE OF DEATH 15546 CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in Village or City St.;....Ward) a hospital or institution, give its NAME instead of street and number. ? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIDOWEO. (Month) (Day) OROIVORGEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day. hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE (Address) OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted. It not at place of death? Former or usual residence. OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonaeum, etc... Carcin-

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15547 LACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. fif death occurred inWard) a hospital or Institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE S BINGLE, MARRIEO. WIDOWED. (Month) (Day) ORDIVORCED (Year) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day, chrs. OR ... min. ? BOCCUPATION (a) Frade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment to which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place (State or country yrs. mos. State Where was disease contracted, If not at place of death?. Former or usual residence. DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health
Association.]

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritia ter" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO-



15548

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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SICIANS should state OCCUPATION is very CERTIFICATE OF Registration Dist. No St :--....Ward) 50 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. widows WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 8 DATE OF BIRTH ciassified. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR mig. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. pe business, or establishment in may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 80 jo , 1915 ... (Address) back 11 BIRTHPLACE terms, PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) EATH _____ yrs. ____ ds. State Where was disease contracted. If not at place of death? 0 Former or (Informant) L. usual residence. Important, 19 PLACE OF BURIAL OR REMOVAL lui. (Address)..... Every 15 20 UNDERTAKER REGISTRAR

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

15549

PLACE OF DEATH

STATE OF MARYLAND

DEATH

(Dav)

DATE OF BURIAL

ADDRESS

fif death occurred in

(Year)

a hospital or institution,

give its NAME lostead of street and number.]

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise spectstatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulnine, etc. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

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County Horford	Registration Dist. No. / 8
Village or City Perryman (No. Mc.) *FULL NAME Carrie Cord	St.; Ward) [if death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, Married White (Write the word)	16 DATE OF DEATH (Month) (May) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE Socupation (a) Trade, profession, or particular kind of work. Solution (a) Trade, profession, or particular kind of work.	that I last saw h Lo alive on Lungy for 19 1913 and that death occurred on the date stated above, at 1, 2 m The CAUSE OF DEATH * was as follows: Surace nutual value heart
(b) Geograf nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Hauford Co, Md	(Duration) yrs mos ds Contributory Clerumuma (Secondary) (Duration) Z yrs mes ds
11 BIRTHPLACE OF FATHER W. E. Corol 11 BIRTHPLACE OF FATHER (State or country) Harford Co., Md 12 MAIDEN NAME OF MOTHER Bell & Harris 13 BIRTHPLACE OF MOTHER (State or country) Harford Co. Md	(Signed)
(Informant) (Address) (Address) 15 Filed 1913 Prop Market Registrant Registrant	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

15550

1 PLACE OF DEATH

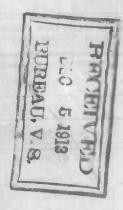
[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (d) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer "Manager," "Dealer," etc., without more precise specistatement. tion is very important, so that the relative mealthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Statement of occupation-Precise statement of occupales of the household only (not paid Housekeepers If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (retired 6 yrs.). For persons "Laborer," As examples: "Foreman,"

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15551 STATE OF MARYLAND PLACE OF DEATH CSICIANS should state OCCUPATION is very CERTIFICATE OF DEATH Registration Dist. No./. Ilt death occurred in PHYSICIANS Village or City St.:...Ward) a hospital or institution. give its NAME lostead of street and number. 7 Jo MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH S SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, Lluger WIDOWEO, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH 8 classified. (Year) (Month) (Day pe 7 AGE If LESS than and that death occurred on the date stated above, at pino 1 day hrs. was as lollows: OR mio. ? properly BOCCUPATION AGE (a) Frade, profession, or particular kind of work... carefully supplied. (b) Geoeral nature of Industry, business, or establishment in (Duration) which employed (or employer) certificate. BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 80 50 pe back 11 BIRTHPLACE (Address terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. CO 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At piace in the OF MOTHER of death DEATH (State or country _____ yrs. mos. ds. State . Where was disease contracted. KNOWLEDGE If oot at place of death? Jo OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL CAUSE DATE OF BURIAL 15 20 UNDERTAKER AUDRESS 8 REGISTRAR It more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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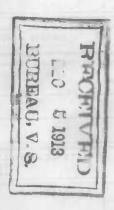
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vicgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



PERMANENT EXACTLY. BINDING V IS should FOR UNFADING INK-THIS AGE RESERVED supplied. carefully MARGIN WRITE PLAINLY, WITH be should Information

No. 1.

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PHYSICIANS should of OCCUPATION IS RECORD Exact statement classified. properly be certificate. that 80 of See instructions on back terms. plain of Information CAUSE OF Important,

state Very

County

3 SEX

7 AGE

PARENTS

16

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

13 BIRTHPLACE

14 THE ABOVE

(informant)

(Address'

OF MOTHER

15552 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.
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St .: Ward)

[it death occurred lo a hospital or institution. give its NAME instead of street and number.]

1 PLACE OF DEATH

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RAGE 5 SINGLE, MARRIED, Snigle WIDOWED,	16 DATE OF DEATH Man, 8, 1913
Cuck (Write the word)	(Month) (Day (Year)
01.0 12	How 7, 1913 to How 8, 1913.
april 13 , 1884	Wan 7 5
(Month) (Day (Year)	that I last saw h
If LESS than	and that death occurred on the date stated above, atm,
7 yrs 6 mos 2 4 ds OR min. ?	The CAUSE OF DEATH* was as follows:
	Chiques Mehabilla
Fabor	1 aphreles 1
stry.	
nt in	(Duration) yrs 3 mos ds.
yer)	Contributory
Harford Co,	Secondary
ord ord	(Ouration) yrs mos ds.
Charles Ougas	(Signed) The Dulancy, M. D.
	Mod 9, 1913 (Address) Jern, revan les
intry) Karford Co	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
IE 2 P 20	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Mary Holland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
1 10.	OR RECENT RESIDENTS) At place In the
entry) Oacford o	of death yrs mos ds. State yrs mos ds
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place ot death?
nah Trigg	Former or
	usuai residence
wyman	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Q. Pmi his	M Calvery Ceruster Cots 1913.
1913 Mont Justas	20 UNDERTAKER ADDRESS
REGISTRAR	fill unifor Ant a mace
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, Write the word) (Month) (Day (Year) if LESS than 1 dayhrs. OR 7 (b) General nature of Industry, business, or establishment in which employed (or employer) OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) KNOWLEDGE



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers material worked on may form part of the second who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Icsis of lungs, meningcs, peritonacum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); "Croup";) prospinal term for the same disease. time and causation), using always the same accepted eausing death (the primary affection with respect to fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid Lobar pncumonia; Bronchopneumonia fever (never report "Typhoid Examples: Ccrebrospinal "Epidemic cere-(avoid use of

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," affection used not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State eause for Never report



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15

May 16

state Very 1 PLAGE OF DEATH

15553

(Year)

If LESS that

1 day,hrs.

OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

		184
Registration	Dist.	No. 185

St.;....Ward)

It death occurred in a hospital or institution give its NAME instead of street and number. 1

(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from Nov. 13 , 1913, to 18 , 1913 not that death occurred on the date stated above, at 4 , 1913 and that death occurred on the date stated above, at 4 , 30 m the GAUSE OF DEATH* was as follows: (Duration) yrs. mos. dis Contributory Reach Provided (Duration) yrs. mos. dis Contributory Reach Provided (Duration) yrs. mos. dis Secondary (Duration) yrs. mos. dis Secondary (Address) yrs. mos. dis State the Disease Causing Death, or, in deaths from Violent TAL, Suicidal, or Homicidal. Secondary Residence (For Hospitals, Institutions, Transients or Recent Residents) i place in the feath yrs. mos. ds. State yrs, mos. ds. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		CERTIFICATE	OF DEATH	
I HEREBY CERTIFY, That I attended deceased from Story. 13 1913, to 18 1913 Inat I last saw here alive on 19 18 1913 Indeed that death occurred on the date stated above, at 7 20 mm the GAUSE OF DEATH* was as follows: (Duration) yrs mos discondary last the follows: (Buration) 9 18 18 18 18 18 18 18 18 18 18 18 18 18	8 DATE OF DEATH	/1	13	
And that death occurred on the date stated above, at \$\frac{1}{2}\$. \$\frac{1}{2}\$ or the CAUSE OF DEATH* was as follows: \[\begin{array}{cccccccccccccccccccccccccccccccccccc				(/
de that death occurred on the date stated above, at 7.30 me cause of Death* was as follows: (Duration) yrs mos de Contributory Secondary (Buration) 9 yrs mos de Contributory Secondary (Buration) 9 yrs mos de Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. Selength of Residence (For Hospitals, Institutions, Transients or Recent Residents) in the feath yrs, mos ds State (1) means of State (2) whether Accident of Residents (3) ds State (4) mos ds State (5) mos ds State (6) mos ds State (7) mos ds State (7) mos ds State (8) yrs, mos ds State (9) place of death?				
Contributory Town (Buration) Secondary Contributory Town (Buration) Secondary Contributory Town (Buration) Secondary Contributory Town (Buration) Secondary Contributory	000.79 191	1.3 , to	160	S 1913
Contributory Secondary Contributory Co	hat I last saw h.e. ally	e on No	J. 18	, 1913
Contributory Secondary Contributory Co	nd that death occurred on	the date sta	ted above, at	9.30
Contributory Town for the free free secondary Clark for the free free free free free free free fr				
(Duration) yrs mos discontributory back has the precise Secondary (Duration) 9 yrs mos discondary (Duration) 9 yrs mos discond				
Contributory That had thee preced Secondary (Buration) 9 yrs mos ds (Buration)				
Contributory That had thee preced Secondary (Buration) 9 yrs mos ds (Buration)	***************************************	****************	****************	4
Contributory Contr				3 from
(Buration) 9 yrs mos ds Signed) (Buration) 9 yrs mos ds *State the Disease Causing Death, or, in deaths from Violent TAL, SUICIDAL, or HOMICIDAL. *CHARTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) i place in the f death yrs, mos, ds. State yrs, mos, ds there was disease contracted, i not at place of death? PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	~	(Duration)	yrs	
(Buration) (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL. *SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) t place f death	Contributory	- had	Thee	previous
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, or HOMICIDAL. *SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) t place f death	secondary Constant	8	Palejae	<u></u>
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENT TAL, SUICIDAL, OR HOMICIDAL. SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) t place In the death yrs. mos. ds. State yrs. mos. ds. State yrs. mos. ds. State yrs. mos. ds. Place of death?	PIW	(Juration)	J. yrs	ds
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL. *SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) t place In the death yrs mos ds. State yrs mos ds. State yrs mos ds. There was disease contracted, in of at place of death? ormer or sual residence.	Signed) (6)	eme	vh_	q M. D
CLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) t place	105 13 , 1913 (Ad	dress) %	usede	bounk
t place In the f death yrs, mos, ds. State yrs, mos, ds yrs, mos, ds state yrs, wrs, mos, wrs, wrs, wrs, wrs, wrs,			on in double	from Viotens
t place In the f death yrs, mos, ds. State yrs, mos, ds yrs, mos, ds state yrs, wrs, mos, wrs, wrs, wrs, wrs, wrs,	*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICI	USING DEATH, S OF INJURY; DAL.	and (2) wh	ether ACCIDEN
f death	18 LENGTH OF RESIDENCE			
ormer or sual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	18 LENGTH OF RESIDENCE	E (FOR HOSPITA	LE, INSTITUTIO	
ormer or sual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place yrs mos	E (FOR HOSPITA	ALS, INSTITUTIO	NS, TRANSIENTS
1170- anc 2 11	18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place	E (FOR HOSPITA	ALS, INSTITUTIO	NS, TRANSIENTS
KS James a M & 1000 / 1912	18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death mos, mos, mos, mos, mos, mos, mos, mos,	E (FOR HOSPITA	ALS, INSTITUTIO	NS, TRANSIENTS
	18 LENGTH OF RESIDENCI OR RECENT RESIDENTS) At place of death yrs, mos. Where was disease contracted, it not at place of death? Former or usual residence.	E (FOR HOSPIT) In the	als, Institutionic	MOS ds

[Approved by U. S. Census and American Public Health Association.]

cated thus: duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. by carbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secoudary), 10 ds. State cause for Never report For vio-



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH 15554	STATE OF MARYLAND
10001	CERTIFICATE OF DEATH
County Warford	18.3
	Registered No.
Village or City Uhher & Roads (No.	[It death occurred in
Village or City Wifels X / Loace (No	St.; Ward) a hospital or lostitution,
0.1,0.1	give its NAME instead of street and number.]
FULL NAME Bridget Reley	, , , , , , , , , , , , , , , , , , , ,
· FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OF PACE 5 SINGLE, COL' 1	16 DATE OF DEATH MATE 19
MARRIED, Masu	(Month) (Day) (Year)
Hemale While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
R DATE OF DIRTH	· · · · · · · ·
Unkrown 1	, 191. 2, to 12 (191.3.,
(Month) (Day) (Year)	that I last saw h say alive on och och 1912
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. ds. ORmin.?	/ 1
GOCCUPATION	Parylassa
(a) Trade, profession, or	2+2++++++++++++++++++++++++++++++++++++
(b) General nature of industry, business, or establishment to	(Ouration) yrs
which employed (or employer)	
BIRTHPLACE (State or country)	(Secondary)
(State or country) Geland	(Ogration) yrs mos ds.
10 NAME OF	
FATHER POSTICE MATRON	(Signed) Charles Bagley, M. D.
11 BIRTHPLACE	Nov 20, 1913 (Address) 2 Badley 24d
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
M 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OFFATHER (State or country) Dreland 12 MAIDEN NAME OF MOTHER Of Known	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds.
	Where was disease contracted.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment) Henry River	Former or usual residence.
Blot BAA	
(Address) faldum o'. o'.	44
15 m and a Orilall. 11.	Jong Green Cerneley Nov 22, 181 3
Filed / DV VD 1913 HAVY Tulled	20 UNDERTAKER ADDRESS
REGISTRAR	M. J. Walker Cleasantille Ind.
If more blanks are needed, audiess State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
1/ ///	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia tlme and causation), using always the same accepted causing death (the primary affection with respect to "Croup"); brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonla," unqualified, ls Indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid Jever Examples: Cerebrospinal (never report "Typhoid (avoid use

> childbirth or miscarriage, as "Purpersal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailemere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. (name origin; "Can-State cause for Examples: For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

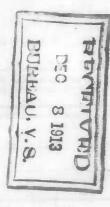
PLACE OF DEATH 15555	STATE OF MARYLAND
County Harfurd	CERTIFICATE OF DEATH Registered No. 184
Village or City Judinia (No. 2)	St; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamale While Single, Married, Willoweb. Onigle. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	2001 6 1913, to 200 , 1918, that I last saw h 2 alive on 200 1 V - , 1913
7 AGE If LESS than 1 day,brs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Congenia
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF PATHER David B Noterlis 11 BIRTHPLACE 11 BIRTHPLACE	(Signed)
Z (State or country) W 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (Slate or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Where was disease contracted,
Informant, David D. Perfects	It not at place of death? Former or osual residence. 19 PLACE OF BURIAL OF REMOVAL PATE OF BURIAL
(Address) Lo pos grad valor	20 UNDERTAKER ADDRESS,
If more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerperal septichae cer" is less definite; avoid use of "Tumor" for maileture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory Aiways qualify aii diseases resuiting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: da .:



Registered No. It death occorred in Village or City..... a hospital er lostitution. RECORD give its NAME instead ot etreet and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 BOCCUPATION AG (a) Trade, profession, or particular kind of work.... (b) General nature of Industry. supplied. business, or establishment in UNFADING which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER WITH ARGIN ARENTS OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER plai 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country = At place In the ot death _____ yrs. mos. State vrs. DEAT Where was disease contracted, OF MY it not at place of death? Former or (Informant) OF usual residence. Every item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

15556

STATE OF MARYLAND CERTIFICATE OF DEATH

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekecpers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, Irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line wlli be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Turrerral septichacmus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify ail diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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)	RECORD	PHYSICIANS t of OCCUPAT
	IS IS A PERMANENT	hould be stated EXACTLY.
	VFADING INK-TH	efully supplied. AGE slat It may be properly rtificate.
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
No. 1.	M	Every item CAUSE OF important.

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PLACE OF DEATH 15557 STATE OF MARYLAND County Harlyn CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MAARIED, WIDDWED, ORD ORCED (Write) the word) (Month) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 4 a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR. min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE , 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State ____ yrs. ___ mos. Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupareceive a definite salary), may be entered as If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid death fever death fever (never report "Typhoid death fever death fever (never report

childbirth or miscarriage, as "Purrparal scottchaecause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as Bronchopncumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "PUERPERAY peritonitis," etc. "State cause for "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from the American Medical Association.) "Senile." etc.), "Dropsy," __ (name origin; "Can-"Exhaustion," Examples: For vio-



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OCCUPATION properly Suppli certifica back pino 00 plain instructions c DEAT See OF Important. Every

PLACE OF DEATH 15558 STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in St .:Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Month) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employar) -----Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Address) Have de 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs ____ mos. _ Where was disease contracted. 14 THE ABOVE ISTR if not at placa of death?. Former or usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). palver 15 20 UNDERTAKER ADDRESS REGISTRAR rrinn If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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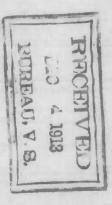
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[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puenperal septichaecause. Always qualify all diseases resulting from etc, when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for For vio-



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

County Huffy	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 184
Village or City Pole (No	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of strest and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Bl. Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from HEREBY CHARACTER AND ALL AND INT.
(Month) (Day) (Year)	Thele Dat of the Delyo on 100
7 AGE If LESS than 1 day,hrs. 0Rmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, prefession, or parficular kind of work	leoundsions
(b) Beneral nature of Industry, business, or establishmsot to which employed (or employer)	Immediality (Duration) yrs. mos. ds.
BIRTHPLACE (State or country)	(Secondary) (Ourafigo) yrs
10 NAME OF Yestley White	(Signed) M.D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a smartorn stry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary And	At place lo fine of death yrs, mos, ds. State yrs, mos, ds. Where was disease confracted.
(Inforceant) A Stuy Mule	If nof at place of death? Former or usual rasidence
(Address) Duslaughy, Md.	Clarks Chahel Cen Mor. 6, 191.9
Filed	Server & Bailer Harlington
If more blanks are needed, address Blate Regis tra	ar, 6 E. Franklin St., Balto., Requestin V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.): For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc., But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg-"Contributory." Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds., Examples: For vio-



V. S. No. 1.

Eyery liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

County Death 15560	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Jastelou (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIEO, MARRIEO, MICOWEO, MOLICE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
(Month) (Day) (Year)	that I last saw him allve on Oct 29, 1913.
TAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Ouration) / yrs. mos. ds. Contributory (Secondary)
OF FATHER OCCUPATION OF THE STATE OF THE STA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Little Willow 13 BIRTHPLACE OF MOTHER (State or country) Author (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) As Cey MY KNOWLEDGE (Address) Au Chicy To MY KNOWLEDGE (Address) Au Chicy To MY KNOWLEDGE	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov. 6 = 191 Predistrian	20 UNDERTAKER Bailey Nurlimton &
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Nousewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudereutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "l'urremal septichaemus," "Old Age," "Shock." 'Traemia," "Weakness," "Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—aect-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," _ (name origin; "Candeath), 29 ds.: State cause for Examples:



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15561 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No [If death occurred in St.:...Ward) a hospital or lostitution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 6 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) 1 HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH* was as follows OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ ds. State yrs, ____ mos. Where was disease contracted. MY_KNOWLEDGE If not at place of death? Former or usual residence... PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR

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